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New York

President: Mr. Jeremić ..... (Serbia)

In the absence of the President, Mr. Charles (Trinidad and Tobago), Vice-President, took the Chair.

The meeting was called to order at 10.10 a.m.

Agenda item 11 (*continued*)

Implementation of the Declaration of Commitment on HIV/AIDS and the Political Declarations on HIV/AIDS

Report of the Secretary-General (A/67/822)

Draft decision (A/67/L.69)

Mr. Kydyrov (Kyrgyzstan): As noted in the report of the Secretary-General (A/67/822), despite the progress made in the fight against AIDS, many Member States, especially developing countries, continue to face significant challenges in their efforts to combat HIV. The number of people infected with HIV continues to rise in several regions, including the countries of Central Asia. We therefore support the recommendations proposed in the Secretary-General's report to take urgent measures to respond to the evolving situation.

With a rate of 12.5 per 100,000, the Kyrgyz Republic remains a country with a low level of HIV prevalence. However, in recent years Kyrgyzstan has seen an upward trend in the number of HIV infected. The most affected groups are injecting drug users, followed by women living with HIV and children born to HIV-infected mothers. Kyrgyzstan has therefore taken decisive steps to address HIV infection and the objectives of the Political Declaration of 2011 (resolution 65/277).

The Government has approved a State programme for the stabilization of the HIV epidemic and its socioeconomic consequences in the Kyrgyz Republic for the period 2012-2016. The programme aims at preventing the spread of HIV infection and other sexually transmitted infections among women and youth, particularly intravenous drug users, providing health care and social support for HIV-infected persons, AIDS patients and their families. Considerable attention is paid to strengthening the health system, as well as to coordination and management. In that regard, a national plan for monitoring and evaluating the implementation of the State programme has been adopted.

It should be noted that the policy documents, prepared in accordance with international guidelines, are an integral part of the development strategy of the country, which is based on the Millennium Development Goals. In addition, the objectives of the Political Declaration of 2011 have been incorporated into our national programme of health-care reform for the period 2012 -2016.

The main funding sources for the state programme are the national budget and the Global Fund to Fight AIDS, Tuberculosis and Malaria. It is important that the United Nations Development Programme (UNDP) has been designated as the executive organization for the initial stage of programme implementation. Under the coordination of UNDP, a substantial part of the

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work is carried out by non-governmental organizations, which account for 30 per cent of the funds allocated by the Global Fund. At the same time, collaborative partnerships have been established between State and non-governmental organizations. At present, the country coordinating committee mechanism of the Global Fund to Fight AIDS, Tuberculosis and Malaria consists of nine representatives of non-governmental organizations, as well as representatives of the community of people living with HIV.

Kyrgyzstan is also taking active measures to improve national legislation; in particular, our draft law on reproductive rights and guarantees of their implementation has been currently submitted for public discussion. The main purpose of the draft law is to harmonize international standards in the field of sexual and reproductive rights. The law recognizes the sexual and reproductive rights of citizens as an integral part of human rights, establishes a Government guarantee and forms the legal basis for services in the field of sexual and reproductive health for our citizens. The adoption of the law will be an important factor in the prevention of HIV/AIDS in Kyrgyzstan.

Finally, I would like to express gratitude to the generous assistance of the Global Fund to Fight AIDS, Tuberculosis and Malaria, other international donors and United Nations agencies. I would also like to express the strong commitment of Kyrgyzstan to making every effort to strengthen international cooperation and the effective implementation of the objectives of the 2011 Political Declaration.

Mr. Tin (Myanmar): At the outset, I wish to express our sincere thanks to the Secretary-General for his comprehensive report on accelerating the AIDS response (A/67/822). We are gathered here today to review the progress made in the implementation of the Political Declaration on AIDS (resolution 65/277, annex) adopted two years ago. The Declaration has contributed to intensifying our efforts to eliminate HIV/AIDS and renewed our commitment and global solidarity. We were recently pleased to note that the number of new HIV infections and AIDS-related deaths has continued to decline as life-saving prevention and treatment services are reaching more people than ever before. We commend the Joint United Nations Programme on HIV/AIDS for its leading role in coordinating our fight against that global health menace.

While significant progress has been made in the global AIDS response to date, the AIDS epidemic remains a global concern, as it is remains the sixth leading cause of death worldwide. As we enter the final years of striving towards the Millennium Development Goals (MDGs), much remains to be done to reach our targets.

My delegation is of the view that the six recommendations outlined by the Secretary-General deserve our full consideration in order to seize the historic opportunity to lay the groundwork for an AIDS-free generation. In that regard, we wish to stress that the mobilization of sufficient financial resources and necessary assistance is indispensable to effectively implement those recommendations. With the 2015 deadline for the global targets rapidly approaching, all stakeholders must renew their focus on achieving concrete results.

AIDS is one of the priority diseases in Myanmar's national health plan. Responses to HIV/AIDS are carried out as a national concern with strong political commitment. A national strategic plan for HIV/AIDS 2011–2015 has been formulated to achieve MDG targets, aiming at reducing HIV transmission and HIV-related morbidity, mortality, disability and socioeconomic impact. In that regard, the Government of Myanmar has adopted three strategic priorities: the prevention of the transmission of HIV through unsafe sexual contacts and the use of contaminated injecting equipment; a comprehensive continuum of care for people living with HIV; and the mitigation of the impact of HIV on people living with the virus and their families.

Those national strategies have resulted in remarkable progress in our national AIDS response. HIV prevalence among all key populations has begun to decline. HIV prevalence among adults ages 15 to 40 was reduced from 0.61 per cent in 2009 to 0.53 per cent in 2012. While the prevalence in most key affected populations has declined, people who inject drugs continue to have a relatively high prevalence of HIV, at 18 per cent. It is estimated that in 2012 there were about 206,000 people in the population living with HIV, and around 7,700 new HIV infections occurred among adults over 15 years of age.

In our national response, there remains a major gap in prevention programmes. Myanmar needs to access more technical and financial resources, especially to increase the scale of harm-reduction programmes for

people who inject drugs. The distribution of needles and syringes and methadone maintenance therapy reach only around 25 per cent of the people who inject drugs. Currently, around 3,000 people are receiving methadone therapy, and it is expected that this figure will double by 2016. In that regard, Myanmar is seeking to identify new partners who will be in a position to help us in the effort.

By the end of 2012, over 53,000 people living with HIV were receiving antiretroviral therapy in Myanmar. That represents about a 43 per cent coverage of those who were in need of treatment. In the same year, close to 3,000 HIV-positive mothers received antiretroviral medications through the programme to prevent mother-to-child transmission, which was scaled up in 2012 to cover 253 out of 330 townships. We are confident that if Myanmar receives sufficient resources to provide lifelong antiretroviral treatments for HIV-positive mothers, it would be able to achieve the target of eliminating new HIV infections in children and substantially reducing AIDS-related maternal deaths set forth in the 2011 Political Declaration.

Provider-initiated testing and counselling will also be carried out by the national tuberculosis programme. By 2016, it is expected that up to 129,000 tuberculosis patients will receive an HIV test and will be referred immediately to antiretroviral treatment if their individual test indicates that they are HIV-positive. There is a need for HIV counselling and testing to be expanded through targeted community awareness-raising campaigns using a multichannel communications approach. We hope that these measures will lead to achieving another target for the elimination of stigma and discrimination against people living with and affected by HIV.

In conclusion, my delegation wishes to emphasize that in order to bring about an AIDS-free generation, the post-2015 international development agenda should clearly reflect the role of an effective AIDS response as an essential pillar of future health and development efforts. With the continued support of development partners, Myanmar will be able to more diligently focus its national response on strategic treatment and prevention interventions and to prioritize high-impact interventions. We therefore fully support the view that the concept of shared responsibility and global solidarity must be further advanced to accelerate our global efforts to bring the AIDS epidemic under complete control.

Ms. Boissiere (Trinidad and Tobago): Trinidad and Tobago aligns itself with the statement made by the representative of Haiti on behalf of the States members of the Caribbean Community.

The Government of Trinidad and Tobago remains committed to the fight against HIV and AIDS and continues to lead a proactive campaign aimed at prevention and ensuring universal access to necessary information, treatment, care and support, particularly among key populations.

In an effort to effectively address the epidemic in Trinidad and Tobago and fulfil its commitments, including those undertaken in the 2011 Political Declaration on HIV and AIDS (resolution 65/277, annex), the Government has approved a new National Strategic Plan 2013-2018, which is being implemented by the national coordinating interim HIV agency within the office of the Prime Minister. The Plan identifies five priority areas for addressing HIV and AIDS: prevention, which combines behavioural, biomedical and structural interventions; treatment, care and support; advocacy and human rights; strategic information; and policy and programme management. It also identifies sex workers, men who have sex with men, young people and prisoners as the main populations in Trinidad and Tobago affected by HIV.

Trinidad and Tobago has made considerable progress in the fight against HIV and AIDS, including towards achieving the targets contained in the 2011 Political Declaration. Nonetheless, a number of challenging areas remain, in which further assistance and cooperation with partners are required.

The Government of Trinidad and Tobago has afforded great priority to reducing the sexual transmission of HIV by 50 per cent by 2015; achieving a 90 per cent reduction in mother-to-child transmission; providing universal access to treatment; and eliminating stigma and discrimination. It is noteworthy that a 25 per cent reduction in new diagnoses of HIV was observed between 2008 and 2011. We are also on track for achieving the targets of reducing mother-to-child transmission and providing universal access to treatment by 2015.

As behavioural change is a key factor for decreasing new infections, initiatives have been undertaken to ensure access to comprehensive knowledge about HIV to assist young people in making informed decisions and choices about their sexual behaviour. The goal

of reducing the sexual transmission of HIV will also require greater focus on prevention strategies for persons living with HIV, especially key populations. An assessment of the effectiveness of current strategies on high-risk behaviour among the general and key populations also needs to be undertaken.

In the area of mother-to-child transmission of HIV, in 2012 there were two cases in Trinidad and none in Tobago. From 2006 to 2011, there was a general increase in the percentage of HIV-positive women receiving antiretrovirals, from 68.1 per cent to 85.9 per cent, to reduce the risk of mother-to-child transmission. The national coordinating machinery is also collaborating with civil society to disseminate more information on HIV-positive mothers having HIV-negative babies. More campaigns will be designed to ensure that women are tested early during pregnancy so that, if they are HIV positive, the necessary measures can be taken to prevent mother-to-child transmission.

Currently, over 70 per cent of patients who are eligible for treatment are receiving treatment and care. Moreover, HIV care and antiretrovirals are provided free of charge, and continued sustainability is guaranteed through public financing of the national antiretroviral treatment programme.

Between 2005 and 2009, Trinidad and Tobago achieved the target of reducing tuberculosis deaths among persons living with HIV by 50 per cent. Measures for improved surveillance of HIV/tuberculosis co-infections will be put in place. Trinidad and Tobago also recognizes the need for greater integration between tuberculosis and HIV programmes and will explore ways in which this can be achieved.

Women and girls face a greater risk of infection with HIV due to a number of circumstances, including gender-based violence, sexual abuse, early marriage among some ethnic groups, sexual partnerships between men who have sex with men and transactional sex. Male gender norms that encourage or condone high-risk behaviours and deter men from seeking health services in a timely manner also harm boys and men. While action has been taken to address violence against women and gender inequality, further action is necessary to address the inadequate focus on boys and men, the integration of sexual abuse issues into HIV programming, and the lack of strategic information required to inform decisions and policies, reviews of legislation and programmes aimed at education and behavioural change.

Trinidad and Tobago wishes to underscore on this occasion the importance of sustainable financing to facilitate a continued and effective HIV response and support being provided in relation to the burden of the disease. In this connection, we welcome the promising investment framework recently introduced by the Joint United Nations Programme on HIV/AIDS (UNAIDS) and the opportunities it provides for, among other things, establishing priorities and identifying areas in which further technical assistance is required. Furthermore, the role of civil society in this regard cannot be overemphasized. We are deeply committed to continuing collaboration with civil society and the private and international sectors as we identify more efficient ways of using existing resources and creative means to attract new resources.

Nationally, the issue of the integration of the HIV response into other programmatic areas has been given increased focus, particularly in the context of the post-2015 development agenda. The Government of Trinidad and Tobago views the approach of linking HIV with broader development and health issues favourably. Discussions have therefore commenced with the aim of developing approaches that are integrated with the work on non-communicable diseases, sexual and reproductive health and tuberculosis programmes. The expected outcomes are a strengthened national network for the delivery of antiretrovirals and improved accountability and effectiveness in meeting various obligations and targets. Our national strategic plan includes the target of 50 per cent of health facilities offering integrated health services, including for HIV, by 2018.

In conclusion, Trinidad and Tobago will continue to be aggressive in its campaign to achieve the targets identified in relation to the fight against HIV and AIDS, including those contained in the 2011 Political Declaration. As effectively addressing the issue of HIV and AIDS is a shared responsibility, we also thank our partners for the assistance provided and reaffirm our commitment to continue collaboration with UNAIDS, the Pan-Caribbean Partnership against HIV/AIDS, the Pan American Health Organization, the World Health Organization, the President's Emergency Plan for AIDS Relief, the United States Agency for International Development, the Centers for Disease Control and others at the national, regional and international levels in working towards an AIDS-free generation.

Mr. Msosa (Malawi): The Malawian delegation wishes to align itself with the statements made on behalf of the Group of African States and the Southern African Development Community, and thanks the Secretary-General for his report (A/67/822) entitled "Accelerating the AIDS response: achieving the targets of the 2011 Political Declaration".

This meeting truly provides us with an opportunity for introspection. As countries, the question is: What have we done to arrest and reverse the scourge of AIDS? History will judge us either favourably or harshly depending on our commitment to taming the tide of HIV/AIDS.

In this vein, Malawi has graciously embraced the opportunity to be part of the global solution to fight the HIV/AIDS scourge through the appointment of Her Excellency Mrs. Joyce Banda, President of the Republic of Malawi, as co-chair of the new Lancet Commission of the Joint United Nations Programme on HIV/AIDS, together with the Chairperson of the African Union, Ms. Nkosazana Dlamini-Zuma of the Republic of South Africa and Mr. Peter Piot, Director of the London School of Hygiene and Tropical Medicine. The Commission was launched in Addis Ababa, Ethiopia, on 26 May, on the sidelines of the just-ended African Union special summit.

The battle cry for the Commission is to move the world from HIV/AIDS to sustainable health. To achieve this overarching goal requires a concerted effort on the part of all stakeholders. Access to treatment should change from being vertical to horizontal. Never should people continue to die of AIDS in the South when in the North AIDS has been reduced to a mere non-life-threatening disease. The developed countries lend a helping hand by pooling enough resources into the Global Fund. The developing countries should also prioritize the health sector and fulfil domestic funding for the sector. Empirical evidence is there for everybody to appreciate what the Global Fund has achieved so far in making antiretroviral drugs available to some AIDS sufferers to prolong their lives.

One of the terms of reference for the new UNAIDS Lancet Commission is to look into how antiretroviral drugs can be manufactured cheaply and made available to HIV/AIDS sufferers in resource-constrained countries. That is a cause worth supporting, and the Malawi delegation therefore wishes to call upon the United Nations community to resoundingly welcome the coming into being of the new UNAIDS Lancet Commission. Informed by a diverse group of HIV and health experts, young people, activists and political leaders, and drawing upon insights gained from on-line crowd sourcing and engagement with constituencies, the Commission will deliberate on strategies to ensure that the vision of zero new HIV infections, zero discrimination and zero AIDS-related deaths can be realized in the coming decades. The Commission's work will culminate in a report to be published by *The Lancet* in early 2014 to inform the post-2015 development agenda. Its first meeting is scheduled to be held in Malawi at the end of this month.

Let us fight the good fight against HIV/AIDS and win it.

Mr. Estreme (Argentina) (*spoke in Spanish*): The Argentine Republic is firmly committed to promoting and defending all human rights. For that reason, we promote health as a right enjoyed by all our people. It is vital to development, which must guaranteed.

Argentina reaffirms its conviction that the right to health has priority over commercial interests and that intellectual property rights should not prevent measures from being taken to protect public health. We therefore reiterate the importance of the effective implementation of the flexibilities contained in the Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS) and the Doha Declaration on the TRIPS Agreement and Public Health. In that context, I underscore that Argentina has made significant progress in its response to the HIV/AIDS epidemic. We aim to move towards universal access to integrated prevention, treatment, care and support for people living with HIV/AIDS.

Argentina's Ministry of Health has established universal coverage for diagnosis, monitoring and antiretroviral medication for opportunistic diseases, both in public-health centres and in terms of social security and private health care. According to the most recent statistics, approximately 120,000 people are infected with HIV in the Argentine Republic today. In our country, treatment for people infected with HIV is free, and 70 per cent of patients receive medication directly from the national Ministry of Health.

Argentina has vertical transmission rates of between 4 and 5 per cent. We aim to further reduce the rate to less than 2 per cent through such measures as mandatory testing, free treatment, the substitution

of breastfeeding and planned caesarean sections, which are already being implemented. The reduction in vertical HIV transmission, which involves passing the virus from mother to child during pregnancy and childbirth, is the most effective prevention strategy.

In the past 15 years, the rate of new AIDS infections has decreased by 58 per cent and the mortality rate by 42 per cent in my country. At this time, about 1,400 people die in Argentina from HIV/AIDS each year, which represents an average mortality rate of 3.5 per cent in recent years. There has been a levelling off of mortality, as also reflected in the rate of new diagnoses and the prevalence of infected people.

In Argentina, people living with HIV have access to medication available through high-quality generics. The city of Buenos Aires hosted the first meeting of States members of the World Health Organization on substandard/spurious/falsely labelled/falsified/counterfeit medical products, held from 19 to 21 November 2012. The holding of that event in our capital reflects the ongoing and systematic efforts being undertaken, together with other countries of the Union of South American Nations, in our work to ensure safe, high-quality and accessible drugs.

For my country, it is a priority to improve strategies to increase access, both through diagnostic studies and treatments, as well as by focusing on social integration strategies and people's right to development, which ensures a better quality of life. Optimizing strategies to improve people's access to prevention tools is also a priority. In that context, we have established strategic guidelines to improve access to diagnosis and treatment, promote the use of and access to condoms and preventive tools, promote and improve access to testing with counselling, and reduce the stigma and discrimination of vulnerable groups in the health system and throughout society.

Much remains to be done, and we cannot continue to dwell on our many accomplishments; rather, we must look to the way forward for Argentina and other countries in Latin America and the Caribbean. In that respect, we underscore the importance of the provision by international organizations of relevant technical assistance to developing countries and least developed countries in order to contribute to the full implementation of the 2011 Declaration on HIV and AIDS (resolution 65/277, annex).

Mr. Rattray (Jamaica): Jamaica aligns itself with the statement delivered by the representative of Haiti (see A/67/PV.84) on behalf of the States members of the Caribbean Community.

My delegation welcomes the opportunity to address this agenda item as the implementation of the Declaration of Commitment on HIV/AIDS (resolution S-26/2, annex) and the Political Declarations on HIV/AIDS (resolution 60/262, annex, and resolution 65/277, annex) remains of key importance to Jamaica. We thank the Secretary-General for his report on achieving the targets of the 2011 Political Declaration (A/67/822), noting the cautious optimism conveyed therein. We concur with the findings calling for greater synergies between HIV programmes and broader development initiatives and for shared responsibility and global solidarity to bridge the existing funding gap.

Jamaica has made positive strides in the fight against HIV/AIDS. Through a multisectoral response, a five-year strategic plan has been developed around the following priority areas: prevention, treatment, care and support, enabling environment and human rights, governance and empowerment, monitoring and evaluation, and sustainability. The collaborative approach embodied in our national response include Government, private-sector and faith-based organizations, and civil society.

Jamaica's prevalence rate stands at 1.7 per cent. Young adults are the most affected by HIV, with approximately 79 per cent of all reported AIDS cases in Jamaica occurring in the 20-49-year-old age group and 90 per cent of all reported AIDS cases occurring in persons aged between 20 and 60 years. The AIDS case rate among men continues to exceed the AIDS case rate among women, though that gap has been narrowing in recent years. The number of persons with AIDS decreased by 17 per cent between 2004 and 2010, and AIDS deaths were down 40 per cent over the same period. The number of HIV tests we have undertaken annually has more than doubled, from less than 100,000 tests per year prior to 2004 to over 258,000 in 2011. Nearly all pregnant women attending public health clinics in 2010 and 2011 were tested for HIV, while 84 per cent of HIV-infected pregnant women and 98 per cent of HIV-exposed infants received antiretroviral treatments in order to prevent mother-to-child transmission. The HIV epidemic profile of Jamaica showed a shift from a generalized epidemic to one in which HIV infections are largely concentrated in key populations.

With reference to specific targets from the Declarations, Jamaica has made its greatest progress in the reduction of mother-to-child transmission and the reduction of tuberculosis deaths among persons living with HIV. Both of those targets have been met or are on track to be met by 2015. Improvements have been seen in relation to the reduction in the transmission rates, closing the resource gap and eliminating stigma and discrimination. Those three areas, however, require more focused intervention in order for them to be achieved by 2015.

Jamaica has initiated or continued a number of prevention strategies, including the use of a multilayered media campaign targeting youth, women and men as well as a separate campaign for the tourism sector. Those strategies have focused on behaviour change, condom use, voluntary counselling and testing, and transactional sex.

The national programme has also carried out its targeted intervention strategies for specific groups, with keen focus on the most at-risk populations. Those interventions, conducted at the community level, have incorporated a multi-stakeholder, multiservice approach to outreach, which includes, for example, widespread access to a range of public- and financial sector services. Targeting has also taken place in schools with the aim of providing adolescents with information on HIV, sexual and reproductive health and life skills-based information.

Despite those successes, the threat of HIV remains clear and present. While prevalence rates have declined in general and among certain groups of most at-risk populations, there is insufficient movement among some groups such as men who have sex with men, where factors such as stigmatization continue to pose a stubborn challenge. Additionally, the sustainability of our success is threatened by the high cost of treatment, which at the present time is primarily funded through international grants. As funding dwindles, however, support for those critical areas may be jeopardized, which increases the risk of reversals of the hard-won gains made in tackling the disease. In that regard, Jamaica's performance in increasing access to antiretroviral treatment, though improving, remains below the baseline.

In addition to allocations from the Government, funding for our national HIV/AIDS response programme is primarily sourced through the World Bank and the Global Fund to Fight AIDS, Tuberculosis and Malaria, as well as by the United States Agency for International Development and the United States President's Emergency Plan for AIDS Relief. Despite an increasing allocation from public funds, it would be extremely challenging for the Government of Jamaica to fund the programme in its entirety on its own. Given the fact that funding from some international sources has recently been, or is due to be, discontinued, new and creative partnerships and mechanisms are being pursued to ensure that the commitments made to advance the fight against HIV are maintained. Jamaica's classification as a middle-income country and the attendant withdrawal of donor funding poses a significant challenge to meeting the goal of closing the funding gap.

In closing, let me reiterate Jamaica's firm commitment to meeting the goals set in the Declarations and to partnering with the international community to eliminate the epidemic from among us.

Mr. Percaya (Indonesia): Allow me to begin by congratulating the President for convening today's timely debate on an issue that is of concern to all of us. We would also like to thank the Secretary-General for providing us with a comprehensive report (A/67/822) on achieving the targets of the 2011 Political Declaration on HIV and AIDS (resolution 65/277, annex).

The global community has embarked on a historical undertaking to lay the foundation for the eventual end of the HIV/AIDS epidemic. A new era of hope has emerged in countries and communities across the world devastated by HIV/AIDS. We have witnessed unprecedented gains in reducing the number of adults and children newly affected by HIV, in lowering the number of AIDS-related deaths and in implementing a policy framework that accelerates progress.

However, as we enter the final years of working towards fulfilling the Millennium Development Goals and the United Nations Political Declaration on HIV/AIDS, much remains to be done if our targets are to be met. HIV/AIDS treatment has not yet reached 7 million people, and the people who are most affected by HIV/AIDS still experience marginalization and exclusion.

As indicated in the 2012 report of UNAIDS, there were more than 700,000 fewer new HIV infections globally in 2011 than in 2001. There has been a 60 per cent increase in the number of people gaining access to lifesaving treatment, and 8 million people were able

to obtain antiretroviral therapy. We have also seen a reduction in new HIV infections among young people.

As we are discussing the issue on the agenda today, we are delighted to note that 186 countries, including Indonesia, have submitted comprehensive reports on the progress made in the international HIV/AIDS response, which is one of the highest response rates of any international health and development monitoring mechanism. It is also a reflection of the breadth and depth of the global commitment to responding to HIV/AIDS.

For our part, Indonesia has done its utmost to achieve the 10 specific targets to be met by 2015 as articulated by UNAIDS and mandated by the Political Declarations. We are committed to monitoring and reporting on progress and challenges encountered in our national HIV/AIDS responses. For the period covered by the report, UNAIDS has stipulated 30 indicators to measure progress in the response to HIV/AIDS in Indonesia. We have completed extensive surveys for a national HIV/AIDS policy framework. We have engaged civil society and other key stakeholders, and developed policy approaches for HIV prevention and treatment.

Like many other countries, Indonesia is also facing challenges, since over the past five years the cumulative number of reported HIV infections has, unfortunately, risen sharply. HIV/AIDS has been concentrated among key affected populations, resulting from a mix of two modes of transmissions, namely, sexual transmission and drug injection. According to our national estimates, about 186,000 people are infected with HIV and 6.5 million are at risk.

In tackling those challenges, we have developed a national Millennium Development Goals acceleration action plan for 2011-2015 to keep HIV/AIDS high on the national development agenda. We have targeted a response to achieve coverage of 80 per cent of the key affected populations by 2014.

Our commitment to responding effectively to the epidemic and to reach national and international targets is also reflected at the regional level. At the nineteenth Association of Southeast Asian States (ASEAN) Summit in November 2012, we declared our commitment to working with ASEAN to achieve zero new HIV infections, zero discrimination and zero HIV-related deaths by 2015.

In the past two years, our National AIDS Commission has grown in skill and importance from the national to provincial and district levels. The Commission has become a multi-sectorial body directly responsible to the President, and is thereby providing leadership, management and coordination with a far more intensive, comprehensive, integrated and coordinated response.

Indonesia very much appreciates the contribution made by the private sector and non-governmental organizations, both domestic and international, that have helped the Government to address challenges presented by the twin epidemic of HIV/AIDS across the country. Our activities in response to the needs and aspirations of those infected and affected by HIV/AIDS have become more diverse and accessible.

In conclusion, to achieve our vision of getting to zero new HIV infections, zero discrimination and zero AIDS-related deaths, the global community needs to renew its sustained commitment and solidarity. More importantly, the available evidence and limited resources should be used as efficiently and as effectively as possible.

Mrs. Robl (United States of America): Ten years ago, AIDS was wiping out a generation of individuals across the world and reversing important health and development gains, especially in Africa. Hospitals were overwhelmed and patients were not getting the antiretroviral treatment that was available. AIDS created millions of orphans, many of whom were unable to attend school without the support of a parent. AIDS threatened the very foundation of society.

In response to the threat, in February 2003 United States President George W. Bush called for the creation of the President's Emergency Plan for AIDS Relief, known as PEPFAR. With bipartisan support in Congress, PEPFAR became the largest commitment of any nation to combating a single disease. Under President Obama's leadership, the United States has continued to strengthen its commitment to PEPFAR, which this year marks its 10-year anniversary. In November 2012, the United States Government released the PEPFAR blueprint, which captures the experience and lessons learned over the past 10 years and provides a clear outline for how PEPFAR will work to help bring countries to and beyond the programmatic tipping point in their epidemics. The United States is proud of the contribution that PEPFAR has made to the global AIDS

fight, and we appreciate the references made to the programme by other delegations in their statements in this body.

What a difference a decade can make. Today, as a result of landmark scientific advances coupled with success in implementing effectiveness programmes, AIDS is no long a certain death sentence. Globally, over half of those eligible for treatment of HIV/AIDS are now accessing these life-saving medications and national HIV responses are more successful and sustainable. Treatment efforts and a combination of other evidence-based prevention strategies has successfully dropped the rate of new HIV infections by more than half in 25 low- and middle-income countries, most of them in sub-Saharan Africa. Through efforts aimed at HIV, countries have strengthened health systems; improved capacities around maternal health, immunization and nutritional care; built and renovated child-health clinics; and put laboratories in place that support providers as they make diagnoses and monitor care.

Together, by scaling up programmes with urgency and commitment, the world has demonstrated what is possible with focus, resources and science. The impact of HIV investments over the past decade has been extraordinary, but we have not yet finished the job. Many countries have not reached universal access to treatment for HIV/AIDS, and the progress made in halting and beginning to reverse the spread of HIV is encouraging but tenuous. HIV remains the leading cause of death for women of reproductive age in low- and middle-income countries. We have learned from history that if we do not finish what we start, the disease will resurge, with greater virulence.

The United States remains committed to the global fight and will continue to support global efforts to ensure that the momentum to scale up HIV high-impact prevention treatment and care interventions required to reach the Millennium Development Goals and to create an AIDS-free generation is maintained and increased. But we cannot do it alone. Creating an AIDS-free generation is a shared responsibility. We need the continued commitment and leadership of partner countries, reinforced with support from civil society, people living with HIV, faith-based organizations, the private sector, foundations, donor nations and multilateral institutions. To achieve sustainable health systems, we must work together with partner countries to advance their efforts to care for their own people.

The Global Fund to Fight AIDS, Tuberculosis and Malaria is and will remain critical if we are to turn the tide against HIV as well as tuberculosis and malaria. Towards that end, the United States calls on all nations to support the achievement of the ambitious goal set forth in the Global Fund's fourth replenishment cycle. President Obama's fiscal year 2014 budget of $1.65 billion for the Global Fund is a strong demonstration of our support. The United States challenges other donors to increase their contributions. The replenishment comes at a critical turning point for the Global Fund and for the global fight against these diseases. Our shared investments in programming and science over the past decade have led us to the current situation where we are within reach of the tipping point of changing the course of these diseases, especially in reducing HIV incidence.

The United States Government is particularly pleased with the Global Fund's progress in undertaking needed reforms. We are excited by the potential of the new funding model to maximize the impact of contributions to the Global Fund. We appreciate the technical support provided by the Joint United Nations Programme on HIV/AIDS. It is imperative that together we commit, maintain and increase both the momentum and focus on HIV as one of the measurable components for global health goals beyond 2015.

Mrs. Rebello (Brazil): Brazil considers this annual plenary meeting to be of crucial importance. It is the moment Member States review the implementation of the Declaration of Commitment on HIV/AIDS (resolution S-26/2, annex) and the Political Declarations on HIV/AIDS (resolution 60/262, annex, and resolution 65/277, annex). It is when we reaffirm the outcome of the 2011 High-level Meeting on AIDS (see A/65/PV.95), the 2011 Political Declaration on HIV/AIDS and its ambitious targets for 2015, especially those related to HIV prevention policies and treatment, and to combating discrimination against those living with HIV/AIDS.

In that connection, my delegation commends the Secretary-General's current report, contained in document A/67/822. It assures us that although we have a long way to go in achieving a generation free of AIDS, much has already been accomplished, thanks to the ongoing multilateral efforts. As the report shows, the number of new HIV infections and AIDS-related deaths continues to decline globally, because life-saving prevention and treatment services are reaching more

people than ever. In 25 low- and middle-income countries, the rate of new HIV infections has been reduced by more than half. Most significantly, half of the global reductions in new infections in the past two years have been among newborns, paving the way for an AIDS-free generation.

Combating discrimination and addressing the social context surrounding HIV/AIDS have played a paramount role in those advances. By promoting equitable policies, Brazil has been able to achieve universal access to diagnosis, treatment and care, reaching out to all groups living in vulnerable situations. The fight against AIDS in Brazil includes special attention to young people, who benefit from national programmes such as the partnership between the Ministries of Education and Health and United Nations agencies and funds — including UNESCO, UNICEF and the United Nations Population Fund — aimed at health and prevention in schools. That programme has expanded the dialogue on sexual and reproductive health and involved the whole school community, students, parents and teachers. In Brazil today, about 10,000 public schools distribute condoms in a programme associated with educational activities. The goal of the Brazilian Government is to ensure universal access to information and prevention materials so that young people can make informed decisions.

The way Brazil is dealing with HIV/AIDS would not be as successful as it has been without the cooperation of third parties. In that regard, I would like to take this opportunity to recognize the key role that the Joint United Nations Programme on HIV/AIDS (UNAIDS) has been playing in fighting the epidemic and to note particularly the national consultation that UNAIDS recently organized on Brazil's progress in meeting the 10 targets established in the 2011 Political Declaration, at which strategic recommendations were made for continuing our efforts.

Countries and regions should be able to respond to specific patterns of the epidemic. At the same time, Governments in high-prevalence countries must establish strategies that focus on the needs of those at a higher risk of infection. Discrimination and limited access to health services contribute to making such key affected populations disproportionately vulnerable to infection. Brazil believes that the elimination of HIV infections and AIDS-related deaths can be achieved in any region.

The success of Brazil's policy in combating HIV/AIDS demonstrates that this fight is also a struggle to overcome challenges to financial sustainability. The public-health imperative must always prevail over commercial interests. More affordable drugs, at fair prices that correspond to a country's economic situation, thus constitute a key pillar of that policy. Full implementation of the flexibilities contained in the Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS), as agreed on in the Doha Declaration and the World Health Organization's Global Strategy and Plan of Action on Public Health, Innovation and Intellectual Property, is a powerful and effective tool for meeting universal-access targets. Brazil reaffirms its support for horizontal cooperation, which enables developing countries, particularly low-income nations, to benefit from TRIPS flexibilities.

Brazil will continue to support the efforts of the international community by financing and executing cooperation projects, as well as by donating to entities such as the International Drug Purchase Facility, of which Brazil is a co-founder and an active member. We believe that the recent budgetary challenges faced by entities dedicated to fighting HIV/AIDS will be overcome only if the industrialized countries keep their promises to continue and expand their donation plans and international cooperation.

Mr. Mamabolo (South Africa): My delegation wishes to thank the Secretary-General and welcomes his useful and comprehensive report on "Accelerating the AIDS response: achieving the targets of the 2011 Political Declaration" (A/67/822).

I wish to align myself with the statements made on behalf of the Southern African Development Community and the Group of African States, and to offer some additional remarks in my national capacity.

Significant progress has been made in the fight against HIV and AIDS. However, my region remains the single most affected by the epidemic worldwide. We salute the tireless efforts made by the Joint United Nations Programme on HIV/AIDS (UNAIDS), in particular the personal involvement of its Executive Director, Mr. Michel Sidibé. It is our belief that such strides could not have been made without the firm support of UNAIDS, and we urge it to continue in that vein.

The implementation of the Millennium Development Goals (MDGs) has played and will continue to play

an integral role in the fight against HIV and AIDS. Although much progress has been made around the world in that fight, it is unlikely that we will be able to achieve our goals by 2015. We must use the remaining period to redouble our efforts aimed at promoting universal access to HIV prevention, treatment and care, and to support those who need it. It is clear that HIV and AIDS will remain a major global challenge beyond 2015; hence the need to position the subject firmly on the post-2015 development agenda. We urge the international community to support national programmes that focus on poverty eradication and improve economic growth. The fight against HIV and AIDS can benefit from progress made on other MDGs.

It should be noted that no single country can be successful in the fight against this epidemic on its own. International and bilateral partnerships remain vital. We could not agree more, therefore, with the Secretary-General's call for shared responsibility. While financial resources remain a challenge, we are, however, grateful to the Global Fund to Fight AIDS, Tuberculosis and Malaria, as well as to the United States President's Emergency Plan for AIDS Relief (PEPFAR). In that regard, we are grateful to the Government of the United States of America for the support it continues to give my country through PEPFAR, whose contributions have resulted in a longer lease on life for thousands affected by and living with HIV and AIDS. We commend them for their commitment and continued support and would like to ask that increased funding be made available in order for us to sustain the gains we have made so far.

Access to HIV drugs is another challenge, since the cost of acquiring those much-needed drugs is very high. A concerted effort should be made within the global pharmaceutical industry to make such drugs more affordable and easily accessible, especially in areas such as sub-Saharan Africa, where infection rates are highest.

All peoples' human rights should be protected and safeguarded, people living with HIV and AIDS included. We must end discrimination against them. Owing to such stigma and discrimination, people are either reluctant to take advantage of the available treatment and support or do not do it at all. Certain countries also continue to impose travel restrictions on people living with HIV and AIDS; such actions are discriminatory and should be abolished. We should also enhance our efforts to ensure gender equality, as well as the empowerment of women and girls, in terms of people living with HIV and AIDS. That includes in particular their ability to freely exercise their reproductive rights and having access to quality health-care services and education. Investment in research and development should be given priority so that new, safe and cost-effective methods to reduce women's vulnerability to HIV transmission can be developed.

South Africa's response to HIV and AIDS is based on strengthening its health-care systems, including primary health care. We have integrated our HIV programmes with other health services, including those related to women and children's health, tuberculosis and non-communicable diseases. South Africa has adopted a comprehensive approach that includes every Government department and all institutions, organized structures, communities, households and individuals.

Our social protection programmes have also yielded positive results as we provide social grants to people living with AIDS. As such, we have made progress and are continuing to do so in the prevention of mother-to-child transmission and extending the lives of mothers by ensuring that pregnant women and their newborns have access to prophylaxis that reduces the risk of HIV transmission during pregnancy and delivery. South Africa has responded comprehensively through well-designed plans to deal with HIV and AIDS and tuberculosis. Among other things, we have significantly increased the number of health facilities providing antiretrovirals.

The vision of an AIDS-free world can be achieved if we intensify our efforts for an effective and more sustainable AIDS response in line with the concept of shared responsibility and global solidarity.

Mr. Mwanza (Zambia): My delegation aligns itself with the statements delivered by the representative of Djibouti on behalf of the Group of African States and the representative of Mozambique on behalf of the Southern African Development Community.

At the outset, my delegation wishes to take note of the report of the Secretary-General entitled "Accelerating the AIDS response: achieving the targets of the 2011 Political Declaration" (A/67/822).

Zambia has been making significant strides in the past 20 years in reducing the prevalence of HIV/AIDS and de-stigmatizing the disease among those who are infected and affected by it. My delegation is alive to the fact that combating HIV and AIDS and its impact

requires continuous, sustained political commitment and appropriate, effective policies. That was the essence of the June 2001 Declaration of Commitment on HIV/AIDS (resolution S-26/2, annex), adopted by global leaders at the twenty-sixth special session of the General Assembly on HIV and AIDS, which they emboldened in June 2011 at the meeting on the 10-year review.

It is therefore worthwhile to note that during the 2011 review to assess the commitment to United Nations targets in Zambia, stakeholders acknowledged my Government's commitment to policies that continue to sustain the progress made so far in reducing HIV prevalence and implementing measures that will also contribute to containing the pandemic holistically.

It is gratifying to learn that the global AIDS-response progress reporting system has among the highest response rates of any international health and development monitoring mechanism. Countries such as Zambia do indeed face many challenges in tackling HIV and AIDS, but have nevertheless scored major achievements in improving prevention, access to treatment and care and support, as clearly shown by the trends reflected in the report, including a 50 per cent reduction in incidence, deaths, decreasing high-risk behaviour and meeting male-circumcision targets, and so on.

HIV and AIDS have for a long time been associated with issues related to stigma and discrimination against people living with HIV/AIDS. Self-stigmatization and perceived and actual stigma have represented a face of the HIV/AIDS epidemic in all geographical areas affected by HIV and AIDS. As part of the national response to HIV/AIDS, the Zambian Government — with the support of cooperating partners, civil society and religious groups — has included fighting HIV/AIDS-related stigma and discrimination, which has had a big impact on people living with HIV/AIDS and their families.

Religious groups play an important role in combating HIV/AIDS-related stigma and discrimination. They have been taken on board and have done a lot to combat stigma and discrimination against people living with HIV/AIDS. Because of the interventions, levels of stigma today are reduced.

In line with the national multisectoral intervention against the HIV and AIDS epidemic in Zambia, which was launched with the 2002-2005 Strategic Intervention Plan, followed by the 2005-2010 National AIDS Strategic Framework, programmes that include tackling discrimination have been designed for primary and secondary schools, colleges and universities, and a lot of progress has been made. Many businesses also have all-inclusive workplace HIV/AIDS programmes.

Zambia has made significant strides in including HIV/AIDS in school, college and university curriculums to increase awareness and reduce discrimination. People living with HIV/AIDS form support groups that operate freely in the country. Support groups are usually attached to health centres, and it is unusual to hear that they have experienced violence perpetrated against them on account of their HIV status.

The Assembly may wish to note that in Zambia, physical violence against people living with HIV/AIDS is not condoned. It is virtually unheard of and is a crime punishable under Zambian law. Employees are not required to undergo mandatory HIV testing and and are not dismissed from employment on account of living with HIV. That is against the law in Zambia.

Despite the strides made in tackling HIV/AIDS-related stigma, there are — like in any society — individuals who still harbour negative attitudes towards people living with HIV/AIDS, although the idea that "if you are not infected, you are affected" is almost universally accepted as truth.

In conclusion, my delegation will fall short of its responsibility if we do not comment on the alarming stigma figures listed on page 18 of the Secretary-General's report, citing the Joint United Nations Programme on HIV/AIDS (UNAIDS) as the source. Having analysed the study that came up with that finding, as shown in the report entitled "People living with HIV Stigma Index", of January 2012, our preliminary observation is that the information is not a true reflection of the reality in the country.

The population size of the sample raises questions of objectivity, representativeness and generalizability — thereby bringing into question the study's validity. The sample size of key populations was in almost all cases too small — less than 0.6 per cent of the sample — to have any statistical significance and thus validity. The statistics contained in the report are therefore not representative of people living with HIV and AIDS in the provinces, let alone in the nation.

I urge UNAIDS to undertake studies together with my Government — which has the sole and primary responsibility of ensuring the safety and health of its people — and, of course, with the partners who complement Government's efforts, namely, the non-governmental organizations. Removing the Government from such studies will always give a lopsided picture. It is also important to control the variable confounding factors.

Many communities in Zambia still face challenges in their access to health-care facilities. That is not unique to people living with HIV and AIDS, but affects the whole population. The Government has recognized that challenge and is working to reduce its effects through the construction of new health facilities, innovative outreach to rural communities via mobile health services, and increasing the number of health workers and health-training facilities.

My delegation therefore recommends the deletion of the reference made to Zambia with regard to violence against people living with HIV and AIDS. My delegation will soon write to UNAIDS officially on the matter so that corrective measures can be put in place. We stand ready to work with UNAIDS and other strategic partners on the issue and other related matters so that we may achieve reduced sexual transmission of HIV by 50 per cent by 2015, eliminate mother-to-child transmission of HIV by 2015, substantially reduce AIDS-related maternal deaths, and attain universal access to antiretroviral therapy.

The Acting President: We have heard the last speaker in the debate on this item. The General Assembly has thus concluded this stage of its consideration of agenda item 11.

The meeting rose at 11.25 a.m.